

**New Jersey Department of Health and Senior Services
Nursing Home Administrators Licensing Board
PO Box 367
Trenton, NJ 08625-0367**

**APPLICATION FOR RENEWAL OF NURSING HOME ADMINISTRATOR LICENSE
FOR THE PERIOD JULY 1, 2001 THROUGH JUNE 30, 2003**

If you do not wish to renew your Nursing Home Administrator License in the State of New Jersey, complete Name of Applicant and Social Security Number only, check here and return this form to the above address.

☐ **I DO NOT WISH TO RENEW MY NURSING HOME ADMINISTRATOR LICENSE IN NEW JERSEY.**

If you wish to renew your Nursing Home Administrator License, please complete both pages, attach the required fee, and return to the above address. No processing will occur until all information and the required fee is received. Please print or type clearly and retain the pink copy for your record.

Name of Applicant (Print)		Current NHA License Number	
Street Address		Home Telephone Number ()	
City, State, Zip Code		Is address different than on current license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer		Title of Position	
Street Address		Work Telephone Number ()	
City, State, Zip Code			
Social Security Number (Pursuant to the Privacy Act, 5 U.S.C./522a, disclosure of your social security number is voluntary. The NHALB will use the number internally for identification purposes only.) _____ / _____ / _____		Date First Employed in Current Position ____ / ____ / ____ Mo. Day Yr.	
Please answer the following questions:			
1. When were you first licensed as a Nursing Home Administrator in the State of New Jersey?		Date: _____	
2. Were you licensed by examination or by equivalency?		_____	
3. Did you serve as an Administrator in Training?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Did you serve as an Assistant Administrator?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are you or have you ever been licensed or authorized to practice as a Nursing Home Administrator in any other state(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, give state(s), license number(s), and expiration date(s): _____			
6. Has any disciplinary action ever been taken against your license by the Board or regulatory authority of any state in which you are or have been licensed or authorized to practice:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, explain completely and include date(s): _____ _____ _____			
7. Have you been convicted of a crime, felony or misdemeanor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, explain completely and include date(s): _____ _____ _____			

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Name of Applicant (Print)	NHA License No.
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CONTINUING EDUCATION INFORMATION

Pursuant to N.J.A.C. 8:34-6.2 b (3), in order to renew your Nursing Home Administrator License, you are required to have completed forty (40) hours of approved continuing education in health or health-related courses, seminars, or programs relevant to long term care administration as determined by the Board during the period May 1, 1999 through April 30, 2001.

You are required to list each course for which you are claiming credit for this renewal period, up to a maximum of 40 hours, **in the space provided below**. The application cannot be processed unless the information requested is completed on this page. **Proof of your attendance at each course listed below must accompany this renewal application.**

NOTE: N.J.A.C. 8:34-7.2(d) provides that each licensee shall be permitted to carry over up to ten (10) excess credit hours from one licensing period to the next. If you are claiming carry over hours, please list the information below and include the appropriate proof of attendance.

Course Date(s)	Title of Course, Seminar, Meeting, Etc.	Sponsor	Credit Hours	Program ID Number
TOTAL				

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EMPLOYMENT INFORMATION

Please list the names of all the long-term care facilities where you have been the administrator of record since July 1, 1999 and the dates of your employment.

Name of Facility	Date Started	Date Stopped
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

FEE INFORMATION: RENEWAL APPLICATION MUST BE ACCOMPANIED BY A FEE OF \$150.

MAKE CHECK OR MONEY ORDER PAYABLE TO: "NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES."

Check/Money Order Number	Date of Check/Money Order	Amount of Fee Enclosed
Signature of Applicant		Date

Distribution: Original - NHALB
Copy - Applicant